EXHIBIT 9-C LOCAL AGENCY ADA ANNUAL CERTIFICATION FORM

Local Agency ADA Annual Certification Form 49 CFR, Part 27: Nondiscrimination of the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance.

Local	Agency:
Progra	ım Year:
Date (Certification submitted:
I.	Name of ADA Coordinator:
	Telephone Number:
	E-mail Address:
II.	ADA Complaint Procedure Adopted:
	Yes: Date of Adoption:
	No: Planned Date of Adoption:
	Final Completion Date:
III.	Self-evaluation completed:
	Yes: Date of Completion:
	No: Planned Date of Completion:
	Final Completion Date:
	System established for periodically reviewing and updating the evaluation:
IV.	Transition Plan completed:
	Yes: Date of Completion:

	Date of Implementation:
	No:Planned Date of Completion:
	Final Completion Date:
V.	Policies, procedures, and criteria for implementing ADA compliance improvements in maintenance and capitol improvement programs have been reviewed and the required revisions have been made:
	Yes: No:
VI.	Division of State Architect (DSA) Checklists are used to verify compliance of design packages, standard plans and field inspections to ensure compliance with both State and federal accessibility standards:
	Yes: No:
	DSA web site: http://www.dsa.dgs.ca.gov/Access/ud_accessmanual.htm
	Reminder: State of California Government Code Section 4454 requires Division of State Architect (DSA) review and approval of the plans and specifications for local agency pedestrian projects using State funds.
VII.	Standard Plans are reviewed and updated on an ongoing basis for full ADA and California Accessibility compliance:
	Yes: No: